

**Medical Information for International Travel at
Colgate Rochester Crozer Divinity School
General Information**

(Please print)

Name: _____

Address: _____

Home Phone: _____ Date of Birth: _____

Doctor: _____ Phone Number: _____

Emergency Contact Person: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell/Pager: _____ Fax No.: _____

Medical Information

Are you presently being treated for an injury or sickness or taking any form of medication for any reason? Yes No

If Yes, Please explain and list medication

Are you allergic to any type of medication? Yes No

If Yes, Please List _____

Please list all allergies: _____

Do you require a special diet? Yes No

If Yes, Please explain: _____

Name: _____

Do you have (or have ever had) any of the following: (please check and explain below)

Seizure disorders

Hay Fever

Asthma

Kidney disease

Heart murmur

Diabetes

Do you have any allergies other than medical? Yes No

If yes, please list: _____

Do you have any physical handicap or illness which would prevent you from participating in normal rigorous activities? Yes No

If yes, please explain: _____

Medical Treatment Authorization:

I understand this form will be used to judge medical attention given to me in the event of an emergency, and I authorize the calling of a doctor for the providing of necessary medical services. I agree to notify the Colgate Rochester Crozer Divinity School Life Long Learning Office in the event of any health changes, which would restrict my participation in any normal activities before and during this trip.

Signature: _____ Date: _____

Printed Name: _____

Insurance Information:

Insurance Company: _____

Policy No. / Group No.: _____

Insurance Company Phone No.: _____

Note: This information is intended exclusively for the use of the director of your international travel with Colgate Rochester Crozer Divinity School and will be shared only with those who might need to administer medical care.